

GRADUATE ASSISTANT RESIGNATION/TERMINATION

SOUTHERN ILLINOIS UNIVERSITY

 Name Last First Middle AIS No Student ID

 FORWARDING ADDRESS Street City State Country Zip

Position ID	Department (Organization)	Department Mailcode

Reason:

Mark appropriate reason:

Resignation

This resignation is executed voluntarily in order to discontinue service in above position(s) and is not given or executed by reason of any threat, force, duress, or undue influence of any kind by any person or persons whomsoever.

Effective Date:

To be effective at the close of business on _____

Termination

 Signature of Student Date

Reason for termination:

Effective Date:

To be effective at the close of business on _____

PLEASE NOTE: The department is responsible for insuring the return of all University property and equipment, including but not limited to the following: office, computer, audiovisual and other equipment; building, desk, file and electronic entry keys; copy, telephone, University charge and debit cards; cellular phones and beepers; uniforms.

ADMINISTRATIVE APPROVALS (As required by campus)

 Signature for Chair/Fiscal Officer Date Signature for Dean/Director Date Signature for Vice Chancellor/Provost Date

 Printed Name for Chair/Fiscal Officer Printed Name for Dean/Director Printed Name for Vice Chancellor/Provost

 Signature for Other Admin Approval Date Signature for Dean of the Grad School Date Signature for Chancellor Date

 Printed Name for Other Admin Approval Printed Name for Dean of the Grad School Printed Name for Chancellor

DEPARTMENTAL EXIT CHECK LIST GRADUATE ASSISTANT RESIGNATION/TERMINATION

SOUTHERN ILLINOIS UNIVERSITY CARBONDALE

When a staff member terminates employment with SIUC, the Fiscal Officer must certify the return of all items listed below. Check all items that apply to the terminating staff member. If unable to retrieve all items, contact Payroll so that the final pay can be delayed until receipt of all items. Payment is also dependent upon timely transmission of final pay information to Human Resources (Employee Records). **This procedure applies to all separating staff, including those on term or extra help appointments, layoff or permanent disability.**

Staff Member Name	Employee #	Title
Department	Last Day of Employment	

EQUIPMENT

- Instruments
 Uniforms
 Computer
 Calculator
 Tools
 Instructional Aids
 Other / Comments: _____

TELECOMMUNICATIONS

- Cell Phone
 Pager
 Long Distance Access Number
 AT&T Long Distance Calling Card
 Other / Comments: _____

KEYS, ACCESS CARDS, AND KEY FOBS

- Desk and File Keys
 Office and Building Keys
 Special Access Card
 Parking Hang Tags
 University Vehicle Keys
 Travel Service Fuel Pin
 Facility Security Pass
 Other / Comments: _____

ID AND CHARGE CARDS

- SIU Employee or Faculty ID
 Diner's Club
 University Pcard
 Other / Comments: _____

REVOKE ACCESS TO RESOURCES (Additional forms may be required to revoke access.)

- Fiscal Officer¹
 Unit Officer¹
 AIS¹
 RPT²
 Kingtut³
 Fiscal Officer Delegate⁴
 SIS⁵
 Computer Network Access and E-mail⁶
 Other / Comments: _____

¹Use the following link to complete the "[AIS User Form](#)"
²Use the following link to complete the "[Request for Reporting \(RPT\) System Access - AIS](#)"
³Use the following link to complete the "[AIS Data Transfer Server Account Request Form](#)"
⁴Use the following link to complete the "[Delegation of Fiscal Officer Authority](#)"
⁵Send [Email](mailto:banner@siu.edu) to request access to Banner be revoked <mailto:banner@siu.edu>
⁶Retirees will retain computer network access and e-mail.

I certify that I will return all university property by my last day of employment listed above.

Separating Employee Signature	Date	Dept. Use Only
As the Fiscal Officer, I understand that I am responsible for the return of all items listed above.		Access revoked by: _____
Fiscal Officer Signature		Date
		Date revoked: _____